

SERFF Tracking Number: JACK-125879671 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 40768
Company Tracking Number: VDA 210 04/09, ET AL
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Fixed and Variable Annuity Application
Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Fixed and Variable Annuity Application SERFF Tr Num: JACK-125879671 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed State Tr Num: 40768

Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VDA 210 04/09, ET AL State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Julia Braem, Jamie Cook, Disposition Date: 11/05/2008

Julie Hughes, Lynne Gerding

Date Submitted: 11/03/2008 Disposition Status: Approved

Implementation Date Requested: 12/29/2008 Implementation Date:

State Filing Description:

General Information

Project Name: Fixed and Variable Annuity Application

Project Number: VDA 210 04/09, et al

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile: 11/03/2008

Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Corresponding Filing Tracking Number: VDA 210 04/09, et al

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>JACK-125879671</i>	<i>State:</i>	<i>Arkansas</i>
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Submitted for your review are the above-referenced application forms. The chart below shows the approved contracts these new applications will be used with and also which currently approved applications are to be replaced:

New Application	--	Contract	--	Approved	--	Replaces	--	Approved
VDA 210 04/09	--	VA210	--	October 8, 2004	--	VDA 210 05/07	--	December 1, 2006
VDA 220 04/09	--	VA220	--	June 8, 2004	--	VDA 220 05/07	--	December 1, 2006
VDA 310 04/09	--	VA310	--	February 2, 2006	--	VDA 310 05/07	--	December 1, 2006
VDA 410 04/09	--	VA410	--	June 21, 2004	--	VDA 410 05/07	--	December 1, 2006

Since these applications will only be used with variable contracts, which are regulated as a security by the Security and Exchange Commission, they are not subject to readability requirements. As such, a readability certification has not been included with this submission. These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed registered representatives through broker/dealers and financial institutions. The issue ages are 0 to 90.

The applications contain fraud language that is specific to individual states. The language is clearly identified as to those states.

The applications are exempt from filing with our home state of Michigan by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997. We have reviewed the enclosed application and certify that to the best of our knowledge and belief, the forms comply with applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to insure the truth and accuracy of customer information received from the agent, broker or financial representative.

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In addition to the applications being distributed by our marketing offices (agent, broker, or financial institution) in hard copy, they may be produced electronically, including from our website, with the appropriate security. When printed from an electronic source, the forms may vary slightly in format, paper size, border, and Company logo; however, no language will be added or dropped. Variables within the applications have been bracketed and generally consist of product names, dates and numbers. Additionally, a one-inch square bar code may be placed at the bottom of the forms.

Enclosed please find the required number of copies of the forms and this transmittal letter. Also enclosed are any applicable certification forms and filing fees. Please review the forms and advise whether they have been approved or whether any revisions are needed.

Please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jnli.com, should you have any questions or if additional information is required.

Company and Contact

Filing Contact Information

Jamie Cook, Filing Specialist	pd&sf@jnli.com
1 CORPORATE WAY	(800) 317-7989 [Phone]
LANSING, MI 48951	(517) 706-5522[FAX]

Filing Company Information

Jackson National Life Insurance Company	CoCode: 65056	State of Domicile: Michigan
1 Corporate Way	Group Code: 918	Company Type:
Lansing, MI 48915	Group Name:	State ID Number:
(800) 317-7989 ext. [Phone]	FEIN Number: 38-1659835	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form - 4 forms
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$80.00	11/03/2008	23671090

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: VDA 210 04/09, et al

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VDA 210 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 210 04-09 (BASE).pdf
	VDA 220 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 220 04-09 (BASE).pdf
	VDA 310 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 310 04-09 (BASE).pdf
	VDA 410 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 410 04-09 (BASE).pdf

PerspectiveSM L Series (04/09)
Fixed and Variable Annuity Application (VA210)

JACKSON
 NATIONAL LIFE INSURANCE COMPANY
 Home Office: Lansing, Michigan
www.jackson.com

Customer Care: 800/873-5654
Bank or Financial Institution Customer Care: 800/777-7779
Hours: 8:00 a.m. to 8:00 p.m. ET
Fax: 800/943-6761
E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314
 Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
 Lansing, MI 48951

Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable) 1234
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USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Registration Information - Please print							
Owner's Name (First) John		(Middle) J.		(Last) Doe		Date of Birth (mm/dd/yyyy) 01/01/1973	
						<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	
Owner's Name (if owned by a non-natural entity)							
Physical Address (Required) 123 Anystreet				City Anytown		State USA	
Mailing Address (if different from Physical Address)				City		State	
				ZIP 11111			
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. (include area code) 111-111-1111		E-Mail Address jdoe@email.com	
Joint Owner's Name (Proceeds will be distributed in accordance with the Contract on the first death of either Owner.)							
(First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (Required)				City		State	
				ZIP		Relationship to Owner (Check One)	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. (include area code)	
						E-Mail Address	
Annuitant's Name (if other than Owner) (First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)				City		State	
				ZIP		Relationship to Owner (Check One)	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. (include area code)	
						E-Mail Address	
Joint Annuitant's Name (if other than Joint Owner) (First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)				City		State	
				ZIP		Relationship to Owner (Check One)	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. (include area code)	
						E-Mail Address	

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if **YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED** or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary Designation - Please print

Percentages must equal 100% for each beneficiary type. For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.

Primary	Name Jane J. Doe		<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	Percentage (%) 100%
	Relationship to Owner (Check One) <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Date of Birth (mm/dd/yyyy) 01/01/1973	Address (number and street) 123 Anystreet	City, State, ZIP Anytown, USA 11111
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP

Annuity Type

<input checked="" type="checkbox"/> IRA - Traditional* <input type="checkbox"/> IRA - Roth* *Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____	<input type="checkbox"/> IRA - SEP <input type="checkbox"/> IRA - Stretch <input type="checkbox"/> Corporate Pension Plan	<input type="checkbox"/> Non-Tax Qualified <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> 403(b) TSA (Direct Transfer Only) <input type="checkbox"/> Other _____
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Transfer Information

<div>Non-Qualified Plans Only <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange</div> <div>Qualified Plans Only <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover</div>	Transfer request submitted directly to another institution by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: Anticipated Amount: \$ _____ Anticipated Date of Receipt (mm/dd/yyyy): _____ Institution releasing funds: _____ Account Number: _____ For applicant initiated transfers, JacksonSM will not take any action to initiate this transfer unless we are instructed otherwise.
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Initial Premium Amount of premium with application: \$ 50.000 <input checked="" type="checkbox"/> Check or <input type="checkbox"/> Wire (check one) Make checks payable to Jackson National Life Insurance Company[®]	Annuitization Income Date Please specify date (mm/dd/yyyy): _____ If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the contract.
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Statement Regarding Existing Policies or Annuity Contracts - Must complete for "Good Order"

I (We) certify that: (check one)

☒ I (We) do not have any existing life insurance policies or annuity contracts.

☐ I (We) do have existing life insurance policies or annuity contracts. **Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement [X0512] - state variations may apply) and return the Notice, signed by both the Producer and the Applicant, with the Application.**

COMPLETE [X0512] WHERE REQUIRED

Replacement

Are you replacing an existing life insurance policy or annuity contract? (check one)

☒ No
☐ Yes If "Yes", complete the following replaced company information.

Company Name	Contract No.	Anticipated Transfer Amount \$
Company Name	Contract No.	Anticipated Transfer Amount \$

Optional Death Benefits

All optional death benefits may not be available in all states and once selected cannot be changed.

If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

May select only one Optional Death Benefit: (Owner Ages 0-79)

An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)

1. ☐ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue)
2. ☐ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue)
3. ☐ Highest Quarterly Anniversary Value Death Benefit
4. ☐ Combination of Options 1 and 3 above
5. ☐ Combination of Options 2 and 3 above

Additional charges will apply. Please see the prospectus for details.

Other Optional Benefits

All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Annuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details.

A. Earnings Protection Benefit

- ☐ EarningsMax® (Ages 0-75)

B. Contract Enhancement Options (Ages 0-87)
(may select only one)

- ☐ 2% of first-year premium
☐ 3% of first-year premium
☐ 4% of first-year premium
☐ 5% of first-year premium ¹

C. Guaranteed Living Benefit Options
(may select only one GMIB, GMAB or GMWB)

Guaranteed Minimum Income Benefit (GMIB)

- ☐ FutureGuardSM 6 (Ages 0-75)

Guaranteed Minimum Accumulation Benefit (GMAB)

- ☐ Jackson GMABSM 2,3 (Ages 0-80)

Guaranteed Living Benefit Options (continued)

Guaranteed Minimum Withdrawal Benefits (GMWB)

- ☐ SafeGuard MaxSM (Ages 0-85)
(GMWB with 5-Year Step-Up)
- ☐ AutoGuard[®] 5 (Ages 0-80)
(5% GMWB with Annual Step-Up)
- ☐ AutoGuard 6 (Ages 0-80)
(6% GMWB with Annual Step-Up)
- ☐ LifeGuard FreedomSM (Ages 45-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard Freedom DBSM 4 (Ages 45-75)
(For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit)
- ☐ LifeGuard Freedom with Joint Option ^{5,6} (Ages 45-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard SelectSM 3 (Ages 55-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard Select with Joint Option ^{3,5,6} (Ages 55-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)

Additional charges will apply. Please see the prospectus for details.

¹ If selected, premium payments will not be accepted after the first Contract Year.

² May not be selected in combination with a Contract Enhancement or with the Capital Protection Program. Premium payments will not be accepted after 90 days of the Issue Date. The required allocation percentage may be obtained from the Company.

³ If selected, the total number of elections in the Premium Allocation section may not exceed 17.

⁴ May not be selected in combination with an Optional Death Benefit.

⁵ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.

⁶ For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts.

Systematic Investment

☐ **Check here for Automatic Rebalancing.** Only the Investment Division(s) selected in the Premium Allocation section and the 1-year Fixed Account (if selected) will participate in the program. The 3-, 5- and 7-year Fixed Accounts are not available for Automatic Rebalancing.

Frequency: ☐ Monthly ☐ Quarterly
☐ Semi-Annual ☐ Annual

Start Date: _____

If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.

DCA+ (\$15,000 contract minimum)

030 _____% 6-month

032 _____% 12-month

If DCA+ is selected, you must attach the Systematic Investment Form (V2375).

DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Premium Allocation

PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTIONS
TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18 • TOTAL ALLOCATION MUST EQUAL 100%

Number	Investment Divisions	Number	JNL/Mellon (continued)
113	JNL®/AIM	242	Index 5
196	_____ % International Growth	243	_____ % 10 x 10
206	_____ % Large Cap Growth	191	_____ % Communications Sector
195	_____ % Global Real Estate	185	_____ % Consumer Brands Sector
	_____ % Small Cap Growth	189	_____ % Financial Sector
	JNL/Capital Guardian	188	_____ % Healthcare Sector
150	_____ % Global Balanced	190	_____ % Oil & Gas Sector
103	_____ % Global Diversified Research	187	_____ % Technology Sector
250	_____ % International Small Cap	054	_____ % Enhanced S&P 500 Stock Index
102	_____ % U.S. Growth Equity		JNL/Oppenheimer
	JNL/Credit Suisse	173	_____ % Global Growth
066	_____ % Global Natural Resources		JNL/PAM
068	_____ % Long/Short	272	_____ % Asia ex-Japan
	JNL/Eagle	273	_____ % China-India
115	_____ % Core Equity		JNL/PIMCO
116	_____ % SmallCap Equity	078	_____ % Real Return
	JNL/Franklin Templeton	127	_____ % Total Return Bond
062	_____ % Founding Strategy		JNL/PPM America
069	_____ % Global Growth	105	_____ % Core Equity
075	_____ % Income	136	_____ % High Yield Bond
064	_____ % Mutual Shares	293	_____ % Mid Cap Value
208	_____ % Small Cap Value	294	_____ % Small Cap Value
	JNL/Goldman Sachs	106	_____ % Value Equity
110	_____ % Core Plus Bond		JNL/Red Rocks
059	_____ % Emerging Markets Debt	300	_____ % Listed Private Equity
207	_____ % Mid Cap Value		JNL/Select
076	_____ % Short Duration Bond	104	_____ % Balanced
	JNL/JPMorgan	107	_____ % Money Market
126	_____ % International Value	179	_____ % Value
101	_____ % MidCap Growth		JNL/T. Rowe Price
109	_____ % U.S. Government & Quality Bond	111	_____ % Established Growth
	JNL/Lazard	112	_____ % Mid-Cap Growth
077	_____ % Emerging Markets	149	_____ % Value
132	_____ % Mid Cap Equity		JNL/S&P Strategic
131	_____ % Small Cap Equity	292	_____ % S&P 4
	JNL/M&G	274	_____ % Competitive Advantage
060	_____ % Global Basics	278	_____ % Dividend Income & Growth
061	_____ % Global Leaders	279	_____ % Intrinsic Value
	JNL/Mellon Capital Management	280	_____ % Total Yield
224	_____ % JNL 5		JNL/S&P Managed
145	_____ % Dow SM 10	227	_____ % Conservative
193	_____ % S&P® 10	226	_____ % Moderate
183	_____ % Global 15	117	_____ % Moderate Growth
184	_____ % 25	118	_____ % Growth
186	_____ % Select Small-Cap	119	_____ % Aggressive Growth
079	_____ % JNL Optimized 5		JNL/S&P Retirement
225	_____ % VIP	097	_____ % Retirement Income
096	_____ % Dow Dividend	098	_____ % Retirement 2015
299	_____ % European 30	099	_____ % Retirement 2020
222	_____ % Nasdaq® 25	100	_____ % Retirement 2025
244	_____ % NYSE® International 25		JNL/S&P Disciplined
298	_____ % Pacific Rim 30	070	_____ % Moderate
074	_____ % S&P 24	071	_____ % Moderate Growth
248	_____ % S&P SMid 60	072	_____ % Growth
223	_____ % Value Line® 30		Fixed Account Options
123	_____ % S&P 500® Index	041	_____ % 1-Year
124	_____ % S&P 400 MidCap Index	043	_____ % 3-Year
128	_____ % Small Cap Index	045	_____ % 5-Year
129	_____ % International Index	047	_____ % 7-Year
133	_____ % Bond Index		

To select CAPITAL PROTECTION PROGRAM, please see next page.

Capital Protection Program

☐ Yes ☒ No (If no selection is made, Jackson will default to "No.")

If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program?
Select only one.

☐ 1-Year ☐ 3-Year ☐ 5-Year ☐ 7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.

Telephone/Electronic Transfers Authorization

Do you wish to authorize these types of transfers?

☒ Yes ☐ No

By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.

I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of North Dakota and New Hampshire and to "Yes" for residents of all other states.

Electronic Delivery of Statements/Correspondence

I (We) consent ☒ to electronic delivery of the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> quarterly statements | <input checked="" type="checkbox"/> prospectuses and prospectus supplements |
| <input checked="" type="checkbox"/> periodic and immediate confirmations | <input checked="" type="checkbox"/> proxy and other voting materials, related correspondence |
| <input checked="" type="checkbox"/> annual and semi-annual reports | <input checked="" type="checkbox"/> other documents from Jackson National Life Insurance Company. |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

I (We) do not consent ☐ to electronic delivery for any of the documents listed above.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

I (We) do ☒ do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is: idoe@email.com. I (We) will notify the company of any new e-mail address.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT - Please read carefully - Signature(s) required below.

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
7. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Name (Please print) John J. Doe		Owner Title (If owned by an entity)	
Owner's Signature John J. Doe		Date Signed (mm/dd/yyyy) 10/31/2008	State where signed USA
Joint Owner's Signature		Date Signed (mm/dd/yyyy)	State where signed
Annuitant's Signature (if other than Owner)		Date Signed (mm/dd/yyyy)	State where signed
Joint Annuitant's Signature (if other than Joint Owner)		Date Signed (mm/dd/yyyy)	State where signed

Producer/Representative Information - Please print

Producer/Representative's Full Name (First) Paul		(Middle) P.	(Last) Producer	Phone No. (include area code) 111-111-1111	
Address (number and street) 123 Anystreet			City Anytown	State USA	ZIP (xxxx-xxxx) 1111-1111
E-Mail Address producer@email.com		Contact your home office for program information. (If none indicated, designated default will be used.) <input type="checkbox"/> Option A <input checked="" type="checkbox"/> Option B <input type="checkbox"/> Option C <input type="checkbox"/> Option D			
Broker/Dealer Name ABC Agency		Broker/Dealer Representative No. 1223		Jackson Producer/Representative No. 1234	

Producer/Representative's Statement - Signature required below - This entire section must be completed for "Good Order"**Producer/Representative's Certification Regarding Sales Material**

Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts and answered "Yes" to either question 1 or 2 on the Notice Regarding Replacement (Form X0512 - state variations may apply).

I certify that: (check one)

- ☒ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
- In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790 - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.

I certify that: I am authorized and qualified to discuss the contract herein applied for; I have fully explained the contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.

Producer/Representative's Signature <i>Paul P. Producer</i>	Date Signed (mm/dd/yyyy) 10/31/2008
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Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency

Customer Care: 800/873-5654
Bank or Financial Institution Customer Care: 800/777-7779
Hours: 8:00 a.m. to 8:00 p.m. ET
Fax: 800/943-6761
E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314
Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable) 1234
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USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Registration Information - Please print							
Owner's Name (First) John		(Middle) J		(Last) Doe		Date of Birth (mm/dd/yyyy) 01/01/1973	
						<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	
Owner's Name (if owned by a non-natural entity)							
Physical Address (Required) 123 Anystreet				City Anytown		State USA	
Mailing Address (if different from Physical Address)				City		State	
						ZIP 11111	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. (include area code) 111-111-1111		E-Mail Address doe@email.com	
Joint Owner's Name (Proceeds will be distributed in accordance with the Contract on the first death of either Owner.)							
(First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (Required)				City		State	
						ZIP	
Date of Birth (mm/dd/yyyy)				Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
						E-Mail Address	
Annuitant's Name (if other than Owner) (First)				(Middle)		(Last)	
						<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)				City		State	
						ZIP	
Date of Birth (mm/dd/yyyy)				Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
						E-Mail Address	
Joint Annuitant's Name (if other than Joint Owner) (First)				(Middle)		(Last)	
						<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)				City		State	
						ZIP	
Date of Birth (mm/dd/yyyy)				Sex <input type="checkbox"/> M <input type="checkbox"/> F		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
						E-Mail Address	
Relationship to Owner (Check One)							
<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____							

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if **YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED** or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary Designation - Please print

Percentages must equal 100% for each beneficiary type. For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.

Primary	Name Jane Doe		<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	Percentage (%) 100%
	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Date of Birth (mm/dd/yyyy) 01/01/1973	Address (number and street) 123 Anystreet	City, State, ZIP Anytown, USA 11111
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP

Annuity Type

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> IRA - Traditional* | <input type="checkbox"/> IRA - SEP | <input type="checkbox"/> Non-Tax Qualified |
| <input type="checkbox"/> IRA - Roth* | <input type="checkbox"/> IRA - Stretch | <input type="checkbox"/> 401(k) Qualified Savings Plan |
| *Tax Contribution Years and Amounts: | <input type="checkbox"/> Corporate Pension Plan | <input type="checkbox"/> HR-10 (Keogh) Plan |
| Year: _____ \$ _____ | | <input type="checkbox"/> 403(b) TSA (Direct Transfer Only) |
| Year: _____ \$ _____ | | <input type="checkbox"/> Other _____ |

Transfer Information

- Non-Qualified Plans Only
- ☐ IRC 1035 Exchange
 - ☐ Non-1035 Exchange
- Qualified Plans Only
- ☐ Direct Transfer
 - ☐ Direct Rollover
 - ☐ Non-Direct Rollover

Transfer request submitted directly to another institution by the applicant? ☐ Yes ☒ No

If yes, complete the following:

Anticipated Amount: \$ _____

Anticipated Date of Receipt (mm/dd/yyyy): _____

Institution releasing funds: _____

Account Number: _____

For applicant initiated transfers, JacksonSM will not take any action to initiate this transfer unless we are instructed otherwise.

Initial Premium

Amount of premium with application: \$ 50,000

☒ Check or ☐ Wire (check one)

Make checks payable to Jackson National Life Insurance Company[®]

Annuitization Income Date

Please specify date (mm/dd/yyyy): _____

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the contract.

Statement Regarding Existing Policies or Annuity Contracts - Must complete for "Good Order"

I (We) certify that: (check one)

- ☒ I (We) do not have any existing life insurance policies or annuity contracts.
- ☐ I (We) do have existing life insurance policies or annuity contracts. **Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement [(X0512) - state variations may apply] and return the Notice, signed by both the Producer and the Applicant, with the Application.**

COMPLETE [(X0512)] WHERE REQUIRED

Replacement

Are you replacing an existing life insurance policy or annuity contract? (check one)

- ☒ No
- ☐ Yes If "Yes", complete the following replaced company information.

Company Name	Contract No.	Anticipated Transfer Amount \$
Company Name	Contract No.	Anticipated Transfer Amount \$

Optional Death Benefits

All optional death benefits may not be available in all states and once selected cannot be changed.

If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

May select only one Optional Death Benefit: (Owner Ages 0-79)

An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)

1. ☐ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue)
2. ☐ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue)
3. ☐ Highest Quarterly Anniversary Value Death Benefit
4. ☐ Combination of Options 1 and 3 above
5. ☐ Combination of Options 2 and 3 above

Additional charges will apply. Please see the prospectus for details.

Other Optional Benefits

All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Annuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details.

A. Earnings Protection Benefit

- ☐ EarningsMax[®] (Ages 0-75)

B. Withdrawal Options

- ☐ 20% Free Withdrawal Benefit¹
☐ 5-Year Withdrawal Charge Schedule

C. Contract Enhancement Options (Ages 0-87) (may select only one)

- ☐ 2% of first-year premium
☐ 3% of first-year premium
☐ 4% of first-year premium
☐ 5% of first-year premium²

D. Guaranteed Living Benefit Options (may select only one GMIB, GMAB or GMWB)

Guaranteed Minimum Income Benefit (GMIB)

- ☐ FutureGuardSM 6 (Ages 0-75)

Guaranteed Minimum Accumulation Benefit (GMAB)

- ☐ Jackson GMABSM 3,4 (Ages 0-80)

Guaranteed Living Benefit Options (continued)

Guaranteed Minimum Withdrawal Benefits (GMWB)

- ☐ SafeGuard MaxSM (Ages 0-85)
(GMWB with 5-Year Step-Up)
☐ AutoGuard[®] 5 (Ages 0-80)
(5% GMWB with Annual Step-Up)
☐ AutoGuard 6 (Ages 0-80)
(6% GMWB with Annual Step-Up)
☐ LifeGuard FreedomSM (Ages 45-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
☐ LifeGuard Freedom DBSM 5 (Ages 45-75)
(For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit)
☐ LifeGuard Freedom with Joint Option^{6,7} (Ages 45-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
☐ LifeGuard SelectSM 4 (Ages 55-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
☐ LifeGuard Select with Joint Option^{4,6,7} (Ages 55-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)

Additional charges will apply. Please see the prospectus for details.

¹ May not be selected in combination with either the 3%, 4% or 5% Contract Enhancements.

² If selected, premium payments will not be accepted after the first Contract Year.

³ May not be selected in combination with a Contract Enhancement or with the Capital Protection Program. Premium payments will not be accepted after 90 days of the Issue Date. The required allocation percentage can be obtained from the Company.

⁴ If selected, the total number of elections in the Premium Allocation section may not exceed 17.

⁵ May not be selected in combination with an Optional Death Benefit.

⁶ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.

⁷ For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts.

Systematic Investment

☐ **Check here for Automatic Rebalancing.** Only the Investment Division(s) selected in the Premium Allocation section and the 1-year Fixed Account (if selected) will participate in the program. The 3-, 5- and 7-year Fixed Accounts are not available for Automatic Rebalancing.

Frequency: ☐ Monthly ☐ Quarterly
☐ Semi-Annual ☐ Annual

Start Date: _____

If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.

DCA+ (\$15,000 contract minimum)

030 _____% 6-month

032 _____% 12-month

If DCA+ is selected, you must attach the Systematic Investment Form (V2375).

DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Premium Allocation

PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTIONS
TOTAL NUMBER OF ELECTIONS MAY NOT EXCEED 18 • TOTAL ALLOCATION MUST EQUAL 100%

Number	Investment Divisions	Number	JNL/Mellon (continued)
113	JNL®/AIM 100% International Growth	242	Index 5
196	Large Cap Growth	243	10 x 10
206	Global Real Estate	191	Communications Sector
195	Small Cap Growth	185	Consumer Brands Sector
	JNL/Capital Guardian	189	Financial Sector
150	Global Balanced	188	Healthcare Sector
103	Global Diversified Research	190	Oil & Gas Sector
250	International Small Cap	187	Technology Sector
102	U.S. Growth Equity	054	Enhanced S&P 500 Stock Index
	JNL/Credit Suisse		JNL/Oppenheimer
066	Global Natural Resources	173	Global Growth
068	Long/Short		JNL/PAM
	JNL/Eagle	272	Asia ex-Japan
115	Core Equity	273	China-India
116	SmallCap Equity		JNL/PIMCO
	JNL/Franklin Templeton	078	Real Return
062	Founding Strategy	127	Total Return Bond
069	Global Growth		JNL/PPM America
075	Income	105	Core Equity
064	Mutual Shares	136	High Yield Bond
208	Small Cap Value	293	Mid Cap Value
	JNL/Goldman Sachs	294	Small Cap Value
110	Core Plus Bond	106	Value Equity
059	Emerging Markets Debt		JNL/Red Rocks
207	Mid Cap Value	300	Listed Private Equity
076	Short Duration Bond		JNL/Select
	JNL/JPMorgan	104	Balanced
126	International Value	107	Money Market
101	MidCap Growth	179	Value
109	U.S. Government & Quality Bond		JNL/T. Rowe Price
	JNL/Lazard	111	Established Growth
077	Emerging Markets	112	Mid-Cap Growth
132	Mid Cap Equity	149	Value
131	Small Cap Equity		JNL/S&P Strategic
	JNL/M&G	292	S&P 4
060	Global Basics	274	Competitive Advantage
061	Global Leaders	278	Dividend Income & Growth
	JNL/Mellon Capital Management	279	Intrinsic Value
224	JNL 5	280	Total Yield
145	Dow SM 10		JNL/S&P Managed
193	S&P® 10	227	Conservative
183	Global 15	226	Moderate
184	25	117	Moderate Growth
186	Select Small-Cap	118	Growth
079	JNL Optimized 5	119	Aggressive Growth
225	VIP		JNL/S&P Retirement
096	Dow Dividend	097	Retirement Income
299	European 30	098	Retirement 2015
222	Nasdaq® 25	099	Retirement 2020
244	NYSE® International 25	100	Retirement 2025
298	Pacific Rim 30		JNL/S&P Disciplined
074	S&P 24	070	Moderate
248	S&P SMid 60	071	Moderate Growth
223	Value Line® 30	072	Growth
123	S&P 500® Index		Fixed Account Options
124	S&P 400 MidCap Index	041	1-Year
128	Small Cap Index	043	3-Year
129	International Index	045	5-Year
133	Bond Index	047	7-Year

To select CAPITAL PROTECTION PROGRAM, please see next page.

Capital Protection Program

☐ Yes ☒ No (If no selection is made, Jackson will default to "No.")

If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program?
Select only one.

☐ 1-Year ☐ 3-Year ☐ 5-Year ☐ 7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.

Telephone/Electronic Transfers Authorization

Do you wish to authorize these types of transfers?

☒ Yes ☐ No

By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.

I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of North Dakota and New Hampshire and to "Yes" for residents of all other states.

Electronic Delivery of Statements/Correspondence

I (We) consent ☒ to electronic delivery of the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> quarterly statements | <input checked="" type="checkbox"/> prospectuses and prospectus supplements |
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| <input checked="" type="checkbox"/> annual and semi-annual reports | <input checked="" type="checkbox"/> other documents from Jackson National Life Insurance Company. |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

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The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

I (We) do ☒ do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is: doe@email.com. I (We) will notify the company of any new e-mail address.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide **false**, incomplete or **misleading** information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
7. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Name (Please print) John J. Doe	Owner's Title (If owned by an entity)	
Owner's Signature John J. Doe	Date Signed (mm/dd/yyyy) 10/31/2008	State where signed USA
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed

Producer/Representative Information - Please print

Producer/Representative's Full Name (First) Paul	(Middle) P	(Last) Producer	Phone No. (include area code) 111-111-1111
Address (number and street) 123 Anystreet	City Anytown	State USA	ZIP (xxxx-xxxx) 11111-1111
E-Mail Address producer@email.com	Contact your home office for program information. (If none indicated, designated default will be used.) <input type="checkbox"/> Option A <input checked="" type="checkbox"/> Option B <input type="checkbox"/> Option C <input type="checkbox"/> Option D <input type="checkbox"/> Option E		
Broker/Dealer Name ABC Agency	Broker/Dealer Representative No. 123	Jackson Producer/Representative No. 123	

Producer/Representative's Statement - Signature required below - This entire section must be completed for "Good Order"**Producer/Representative's Certification Regarding Sales Material**

Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts and answered "Yes" to either question 1 or 2 on the Notice Regarding Replacement (Form X0512) - state variations may apply).

I certify that: (check one)

- ☒ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.

I certify that: I am authorized and qualified to discuss the Contract herein applied for; I have fully explained the Contract to the client, including Contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.

Producer/Representative's Signature Paul P. Producer	Date Signed (mm/dd/yyyy) 10/31/2008
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Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency

Retirement LatitudesSM (04/09)

Fixed and Variable Annuity Application (VA310)

JACKSONSM
NATIONAL LIFE INSURANCE COMPANY
Home Office: Lansing, Michigan
www.jackson.com

Customer Care: 800/873-5654
Bank or Financial Institution Customer Care: 800/777-7779
Hours: 8:00 a.m. to 8:00 p.m. ET
Fax: 800/943-6761
E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314
Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable) 1345
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USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Registration Information - Please print							
Owner's Name (First) John		(Middle) J.	(Last) Doe		Date of Birth (mm/dd/yyyy) 01/01/1973	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	
Owner's Name (if owned by a non-natural entity)							
Physical Address (Required) 123 Anytown				City Anytown	State USA	ZIP 11111	
Mailing Address (if different from Physical Address)				City	State	ZIP	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code) 111-111-1111		E-Mail Address jdoe@email.com			
Joint Owner's Name (Proceeds will be distributed in accordance with the Contract on the first death of either Owner.)							
(First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (Required)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)		E-Mail Address		
Annuitant's Name (if other than Owner) (First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)		E-Mail Address		
Joint Annuitant's Name (if other than Joint Owner) (First)		(Middle)		(Last)		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)				

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if **YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED** or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary Designation - Please print

Percentages must equal 100% for each beneficiary type. For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.

Primary	Name Jane J. Doe		<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	Percentage (%) 100
	Relationship to Owner (Check One) <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Date of Birth (mm/dd/yyyy) 01/01/1973	Address (number and street) 123 Anystreet	City, State, ZIP Anytown, USA 11111
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)
	Relationship to Owner	Address (number and street)		City, State, ZIP

Annuity Type

<input checked="" type="checkbox"/> IRA - Traditional* <input type="checkbox"/> IRA - Roth* *Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____	<input type="checkbox"/> IRA - SEP <input type="checkbox"/> IRA - Stretch <input type="checkbox"/> Corporate Pension Plan	<input type="checkbox"/> Non-Tax Qualified <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> 403(b) TSA (Direct Transfer Only) <input type="checkbox"/> Other _____
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Transfer Information

<div>Non-Qualified Plans Only <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange</div> <div>Qualified Plans Only <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover</div>	Transfer request submitted directly to another institution by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If yes, complete the following:	
	Anticipated Amount: \$ _____	
	Anticipated Date of Receipt (mm/dd/yyyy): _____	
	Institution releasing funds: _____	
Account Number: _____		
For applicant initiated transfers, JacksonSM will not take any action to initiate this transfer unless we are instructed otherwise.		

Initial Premium

Amount of premium with application: \$ 50,000

☒ Check or ☐ Wire (check one)**Make checks payable to Jackson National Life Insurance Company®****Annuitization Income Date****Please specify date (mm/dd/yyyy):** _____

If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the contract.

Statement Regarding Existing Policies or Annuity Contracts - Must complete for "Good Order"

I (We) certify that: (check one)

☒ I (We) do not have any existing life insurance policies or annuity contracts.☐ I (We) do have existing life insurance policies or annuity contracts. **Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement [X0512] - state variations may apply) and return the Notice, signed by both the Producer and the Applicant, with the Application.****COMPLETE [X0512] WHERE REQUIRED****Replacement****Are you replacing an existing life insurance policy or annuity contract? (check one)**☒ No☐ Yes If "Yes", complete the following replaced company information.

Company Name	Contract No.	Anticipated Transfer Amount \$
Company Name	Contract No.	Anticipated Transfer Amount \$

Optional Death Benefits

All optional death benefits may not be available in all states and once selected cannot be changed.

If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

May select only one Optional Death Benefit: (Owner Ages 0-79)

An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)

1. ☐ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue)
2. ☐ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue)
3. ☐ Highest Quarterly Anniversary Value Death Benefit
4. ☐ Combination of Options 1 and 3 above
5. ☐ Combination of Options 2 and 3 above

Additional charges will apply. Please see the prospectus for details.

Other Optional Benefits

All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Annuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details.

A. Earnings Protection Benefit

- ☐ EarningsMax® (Ages 0-75)

B. Withdrawal Options (may select only one)

- ☐ 20% Free Withdrawal Benefit ^{1, 2}
☐ 4-Year Withdrawal Charge Schedule²

C. Contract Enhancement Options (Ages 0-87) (may select only one)

- ☐ 4% of first-year premium
☐ 5% of first-year premium ²

D. Guaranteed Living Benefit Options (may select only one GMIB or GMWB)

Guaranteed Minimum Income Benefit (GMIB)

- ☐ FutureGuardSM 6 (Ages 0-75)

Guaranteed Living Benefit Options (continued)

Guaranteed Minimum Withdrawal Benefits (GMWB)

- ☐ SafeGuard MaxSM (Ages 0-85)
(GMWB with 5-Year Step-Up)
☐ AutoGuard[®] 5 (Ages 0-80)
(5% GMWB with Annual Step-Up)
☐ LifeGuard FreedomSM (Ages 45-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
☐ LifeGuard Freedom DBSM ³ (Ages 45-75)
(For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit)
☐ LifeGuard Freedom with Joint Option ^{4, 5} (Ages 45-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)

Additional charges will apply. Please see the prospectus for details.

¹ May not be selected in combination with either the 4% or 5% Contract Enhancements.

² If selected, premium payments will not be accepted after the first Contract Year.

³ May not be selected in combination with an Optional Death Benefit.

⁴ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.

⁵ For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts.

Systematic Investment

☐ **Check here for Automatic Rebalancing.** Only the Investment Division(s) selected in the Premium Allocation section and the 1-year Fixed Account (if selected) will participate in the program. The 3-, 5- and 7-year Fixed Accounts are not available for Automatic Rebalancing.

Frequency: ☐ Monthly ☐ Quarterly
☐ Semi-Annual ☐ Annual

Start Date: _____

If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.

DCA+ (\$15,000 contract minimum)

030 _____% 6-month

032 _____% 12-month

If DCA+ is selected, you must attach the Systematic Investment Form (V2375).

DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Premium Allocation

PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTIONS
TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18 • TOTAL ALLOCATION MUST EQUAL 100%

Investment Divisions
Number JNL®/AIM

113 100 % International Growth
196 _____ % Large Cap Growth
206 _____ % Global Real Estate
195 _____ % Small Cap Growth

JNL/Capital Guardian

150 _____ % Global Balanced
103 _____ % Global Diversified Research
250 _____ % International Small Cap
102 _____ % U.S. Growth Equity

JNL/Credit Suisse

066 _____ % Global Natural Resources
068 _____ % Long/Short

JNL/Eagle

115 _____ % Core Equity
116 _____ % SmallCap Equity

JNL/Franklin Templeton

062 _____ % Founding Strategy
069 _____ % Global Growth
075 _____ % Income
064 _____ % Mutual Shares
208 _____ % Small Cap Value

JNL/Goldman Sachs

110 _____ % Core Plus Bond
059 _____ % Emerging Markets Debt
207 _____ % Mid Cap Value
076 _____ % Short Duration Bond

JNL/JPMorgan

126 _____ % International Value
101 _____ % MidCap Growth
109 _____ % U.S. Government & Quality Bond

JNL/Lazard

077 _____ % Emerging Markets
132 _____ % Mid Cap Equity
131 _____ % Small Cap Equity

JNL/M&G

060 _____ % Global Basics
061 _____ % Global Leaders

JNL/Mellon Capital Management

224 _____ % JNL 5
145 _____ % DowSM 10
193 _____ % S&P® 10
183 _____ % Global 15
184 _____ % 25
186 _____ % Select Small-Cap
079 _____ % JNL Optimized 5
225 _____ % VIP
096 _____ % Dow Dividend
299 _____ % European 30
222 _____ % Nasdaq® 25
298 _____ % Pacific Rim 30

Number JNL/Mellon (continued)

074 _____ % S&P 24
223 _____ % Value Line® 30
123 _____ % S&P 500® Index
124 _____ % S&P 400 MidCap Index
128 _____ % Small Cap Index
129 _____ % International Index
133 _____ % Bond Index
054 _____ % Enhanced S&P 500 Stock Index

JNL/Oppenheimer

173 _____ % Global Growth

JNL/PAM

272 _____ % Asia ex-Japan
273 _____ % China-India

JNL/PIMCO

078 _____ % Real Return
127 _____ % Total Return Bond

JNL/PPM America

105 _____ % Core Equity
136 _____ % High Yield Bond
293 _____ % Mid Cap Value
294 _____ % Small Cap Value
106 _____ % Value Equity

JNL/Red Rocks

300 _____ % Listed Private Equity

JNL/Select

104 _____ % Balanced
107 _____ % Money Market
179 _____ % Value

JNL/T. Rowe Price

111 _____ % Established Growth
112 _____ % Mid-Cap Growth
149 _____ % Value

JNL/S&P Strategic

292 _____ % S&P 4

JNL/S&P Managed

227 _____ % Conservative
226 _____ % Moderate
117 _____ % Moderate Growth
118 _____ % Growth
119 _____ % Aggressive Growth

JNL/S&P Disciplined

070 _____ % Moderate
071 _____ % Moderate Growth
072 _____ % Growth

Fixed Account Options

041 _____ % 1-year
043 _____ % 3-year
045 _____ % 5-year
047 _____ % 7-year

To select CAPITAL PROTECTION PROGRAM, please see next page.

All Investment Divisions and Fixed Account Options may not be available in all states.
Restrictions may apply at Jackson's discretion on a non-discriminatory basis.

Capital Protection Program

☐ Yes ☒ No (If no selection is made, Jackson will default to "No.")

If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program?
Select only one.

☐ 1-Year ☐ 3-Year ☐ 5-Year ☐ 7-Year

Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.

Telephone/Electronic Transfers Authorization

Do you wish to authorize these types of transfers?

☒ Yes ☐ No

By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.

I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of North Dakota and New Hampshire and "Yes" for residents of all other states..

Electronic Delivery of Statements/Correspondence

I (We) consent ☒ to electronic delivery of the following:

- | | |
|---|--|
| <input type="checkbox"/> quarterly statements | <input type="checkbox"/> prospectuses and prospectus supplements |
| <input type="checkbox"/> periodic and immediate confirmations | <input type="checkbox"/> proxy and other voting materials, related correspondence |
| <input type="checkbox"/> annual and semi-annual reports | <input type="checkbox"/> other documents from Jackson National Life Insurance Company. |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

I (We) do not consent ☐ to electronic delivery for any of the documents listed above.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

I (We) do ☒ do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is: ido@email.com. I (We) will notify the company of any new e-mail address.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide **false**, incomplete or **misleading** information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT - Please read carefully - Signature(s) required below.

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. **I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
7. **I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.**
8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Name (Please print) John J. Doe		Owner Title (If owned by an entity)	
Owner's Signature John J. Doe	Date Signed (mm/dd/yyyy) 10/31/2008	State where signed USA	
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed	
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed	
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed	

Producer/Representative Information - Please print

Producer/Representative's Full Name (First) Paul		(Middle) P.	(Last) Producer	Phone No. (include area code) 111-111-1111	
Address (number and street) 123 Anystreet		City Anytown		State USA	ZIP (xxxx-xxxx) 11111-1111
E-Mail Address producer@email.com		Contact your home office for program information. (If none indicated, designated default will be used.) <input type="checkbox"/> Option A <input checked="" type="checkbox"/> Option B <input type="checkbox"/> Option C			
Broker/Dealer Name ABC Agency	Broker/Dealer Representative No. 1234		Jackson Producer/Representative No. 1234		

Producer/Representative's Statement - Signature required below - This entire section must be completed for "Good Order"**Producer/Representative's Certification Regarding Sales Material**

Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts **and** answered "Yes" to **either** question 1 or 2 on the Notice Regarding Replacement (Form X0512) - state variations may apply).

I certify that: (check one)

- ☒ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
- In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

I have read Jackson's Position With Respect to the Acceptability of Replacements [XADV5790] - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.

I certify that: I am authorized and qualified to discuss the contract herein applied for; I have fully explained the contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.

Producer/Representative's Signature Paul P. Producer	Date Signed (mm/dd/yyyy) 10/31/2008
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Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency

Perspective Advisors IISM (04/09)
Fixed and Variable Annuity Application [VA410]

JACKSONSM
NATIONAL LIFE INSURANCE COMPANY
Home Office: Lansing, Michigan
www.jackson.com

Customer Care: 800/873-5654
Bank or Financial Institution Customer Care: 800/777-7779
Hours: 8:00 a.m. to 8:00 p.m. ET
Fax: 800/943-6761
E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314
Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable) 1234
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USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Registration Information - Please print							
Owner's Name (First) John		(Middle) J	(Last) Doe		Date of Birth (mm/dd/yyyy) 01/01/1973	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes) 123-45-6789	
Owner's Name (if owned by a non-natural entity)							
Physical Address (Required) 123 Anystreet				City Anytown	State USA	ZIP 11111	
Mailing Address (if different from Physical Address)				City	State	ZIP	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code) 111-111-1111		E-Mail Address jdoe@email.com			
Joint Owner's Name (Proceeds will be distributed in accordance with the Contract on the first death of either Owner.)							
(First)		(Middle)	(Last)			<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (Required)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)		E-Mail Address		
Annuitant's Name (if other than Owner) (First)		(Middle)	(Last)			<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)		E-Mail Address		
Joint Annuitant's Name (if other than Joint Owner) (First)		(Middle)	(Last)			<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	
Physical Address (number and street)		City	State	ZIP	Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No. (include area code)				

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if **YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED** or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary Designation - Please print					
Percentages must equal 100% for each beneficiary type. For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.					
Primary	Name Jane Doe		<input checked="" type="checkbox"/> SSN 123-45-6789	<input type="checkbox"/> TIN (include dashes) Percentage (%) 100%	
	Relationship to Owner (Check One) <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Date of Birth (mm/dd/yyyy) 01/01/1973	Address (number and street) 123 Anystreet		City, State, ZIP Anytown, USA 11111
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)	
	Relationship to Owner	Address (number and street)		City, State, ZIP	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)	
	Relationship to Owner	Address (number and street)		City, State, ZIP	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		<input type="checkbox"/> SSN <input type="checkbox"/> TIN (include dashes)	Percentage (%)	
	Relationship to Owner	Address (number and street)		City, State, ZIP	

Annuity Type	
<input type="checkbox"/> IRA - Traditional* <input type="checkbox"/> IRA - Roth* *Tax Contribution Years and Amounts: Year: _____ \$ _____ Year: _____ \$ _____	<input type="checkbox"/> IRA - SEP <input type="checkbox"/> IRA - Stretch <input type="checkbox"/> Corporate Pension Plan <input checked="" type="checkbox"/> Non-Tax Qualified <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> HR-10 (Keogh) Plan <input type="checkbox"/> 403(b) TSA (Direct Transfer Only) <input type="checkbox"/> Other _____

Transfer Information	
<div style="border: 1px solid black; padding: 5px;"> Non-Qualified Plans Only <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange Qualified Plans Only <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover </div>	Transfer request submitted directly to another institution by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: Anticipated Amount: \$ _____ Anticipated Date of Receipt (mm/dd/yyyy): _____ Institution releasing funds: _____ Account Number: _____ For applicant initiated transfers, JacksonSM will not take any action to initiate this transfer unless we are instructed otherwise.

Initial Premium	Annuitization Income Date
Amount of premium with application: \$ 50,000 <input checked="" type="checkbox"/> Check or <input type="checkbox"/> Wire (check one) Make checks payable to Jackson National Life Insurance Company[®]	Please specify date (mm/dd/yyyy): _____ If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the contract.

Statement Regarding Existing Policies or Annuity Contracts - Must complete for "Good Order"
I (We) certify that: (check one) <input checked="" type="checkbox"/> I (We) do not have any existing life insurance policies or annuity contracts. <input type="checkbox"/> I (We) do have existing life insurance policies or annuity contracts. Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement [(X0512) - state variations may apply] and return the Notice, signed by both the Producer and the Applicant, with the Application. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE[(X0512)] WHERE REQUIRED</div>

Replacement		
Are you replacing an existing life insurance policy or annuity contract? (check one) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete the following replaced company information.		
Company Name	Contract No.	Anticipated Transfer Amount \$
Company Name	Contract No.	Anticipated Transfer Amount \$

Optional Death Benefits

All optional death benefits may not be available in all states and once selected cannot be changed.

If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details.

May select only one Optional Death Benefit: (Owner Ages 0-79)

An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)

1. ☐ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue)
2. ☐ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue)
3. ☐ Highest Quarterly Anniversary Value Death Benefit
4. ☐ Combination of Options 1 and 3 above
5. ☐ Combination of Options 2 and 3 above

Additional charges will apply. Please see the prospectus for details.

Other Optional Benefits

All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Annuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details.

A. Earnings Protection Benefit

- ☐ EarningsMax® (Ages 0-75)

B. Contract Enhancement Option (Ages 0-87)

- ☐ 2% of first-year premium

C. Guaranteed Living Benefit Options (may select only one GMIB or GMWB)

Guaranteed Minimum Income Benefit (GMIB)

- ☐ FutureGuardSM 6 (Ages 0-75)

Guaranteed Living Benefit Options (continued)

Guaranteed Minimum Withdrawal Benefits (GMWB)

- ☐ SafeGuard MaxSM (Ages 0-85)
(GMWB with 5-Year Step-Up)
- ☐ AutoGuard[®] 5 (Ages 0-80)
(5% GMWB with Annual Step-Up)
- ☐ AutoGuard 6 (Ages 0-80)
(6% GMWB with Annual Step-Up)
- ☐ LifeGuard FreedomSM (Ages 45-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard Freedom DBSM ¹ (Ages 45-75)
(For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit)
- ☐ LifeGuard Freedom with Joint Option ^{2,3} (Ages 45-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard SelectSM ⁴ (Ages 55-80)
(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
- ☐ LifeGuard Select with Joint Option ^{2,3,4} (Ages 55-80)
(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)

Additional charges will apply. Please see the prospectus for details.

¹ May not be selected in combination with an Optional Death Benefit.

² For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed.

³ For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts.

⁴ If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Systematic Investment

☐ **Check here for Automatic Rebalancing.** Only the Investment Division(s) selected in the Premium Allocation Section will participate in the program. The Fixed Account Option is not available for Automatic Rebalancing.

Frequency: ☐ Monthly ☐ Quarterly
☐ Semi-Annual ☐ Annual

Start Date: _____

If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.

Premium Allocation

PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTION
TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18. TOTAL ALLOCATION MUST EQUAL 100%

Investment Divisions			
Number		Number	JNL/Mellon (continued)
113	100% JNL®/AIM	242	Index 5
196	% Large Cap Growth	243	10 x 10
206	% Global Real Estate	191	Communications Sector
195	% Small Cap Growth	185	Consumer Brands Sector
	JNL/Capital Guardian	189	Financial Sector
150	% Global Balanced	188	Healthcare Sector
103	% Global Diversified Research	190	Oil & Gas Sector
250	% International Small Cap	187	Technology Sector
102	% U.S. Growth Equity	054	Enhanced S&P 500 Stock Index
	JNL/Credit Suisse		JNL/Oppenheimer
066	% Global Natural Resources	173	Global Growth
068	% Long/Short		JNL/PAM
	JNL/Eagle	272	Asia ex-Japan
115	% Core Equity	273	China-India
116	% SmallCap Equity		JNL/PIMCO
	JNL/Franklin Templeton	078	Real Return
062	% Founding Strategy	127	Total Return Bond
069	% Global Growth		JNL/PPM America
075	% Income	105	Core Equity
064	% Mutual Shares	136	High Yield Bond
208	% Small Cap Value	293	Mid Cap Value
	JNL/Goldman Sachs	294	Small Cap Value
110	% Core Plus Bond	106	Value Equity
059	% Emerging Markets Debt		JNL/Red Rocks
207	% Mid Cap Value	300	Listed Private Equity
076	% Short Duration Bond		JNL/Select
	JNL/JPMorgan	104	Balanced
126	% International Value	107	Money Market
101	% MidCap Growth	179	Value
109	% U.S. Government & Quality Bond		JNL/T. Rowe Price
	JNL/Lazard	111	Established Growth
077	% Emerging Markets	112	Mid-Cap Growth
132	% Mid Cap Equity	149	Value
131	% Small Cap Equity		JNL/S&P Strategic
	JNL/M&G	292	S&P 4
060	% Global Basics	274	Competitive Advantage
061	% Global Leaders	278	Dividend Income & Growth
	JNL/Mellon Capital Management	279	Intrinsic Value
224	% JNL 5	280	Total Yield
145	% Dow SM 10		JNL/S&P Managed
193	% S&P [®] 10	227	Conservative
183	% Global 15	226	Moderate
184	% 25	117	Moderate Growth
186	% Select Small-Cap	118	Growth
079	% JNL Optimized 5	119	Aggressive Growth
225	% VIP		JNL/S&P Retirement
096	% Dow Dividend	097	Retirement Income
299	% European 30	098	Retirement 2015
222	% Nasdaq [®] 25	099	Retirement 2020
244	% NYSE [®] International 25	100	Retirement 2025
298	% Pacific Rim 30		JNL/S&P Disciplined
074	% S&P 24	070	Moderate
248	% S&P SMid 60	071	Moderate Growth
223	% Value Line [®] 30	072	Growth
123	% S&P 500 [®] Index	027	Fixed Account Option
124	% S&P 400 MidCap Index		Automatic transfer of funds over a
128	% Small Cap Index		6-month period is required. You
129	% International Index		must attach a Directed Transfer
133	% Bond Index		form (V4490).

Telephone/Electronic Transfers Authorization

Do you wish to authorize these types of transfers?

☒ Yes ☐ No

By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.

I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of North Dakota and New Hampshire and to "Yes" for residents of all other states.

Electronic Delivery of Statements/Correspondence

I (We) consent ☒ to electronic delivery of the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> quarterly statements | <input checked="" type="checkbox"/> prospectuses and prospectus supplements |
| <input checked="" type="checkbox"/> periodic and immediate confirmations | <input checked="" type="checkbox"/> proxy and other voting materials, related correspondence |
| <input checked="" type="checkbox"/> annual and semi-annual reports | <input checked="" type="checkbox"/> other documents from Jackson National Life Insurance Company. |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

I (We) do not consent ☐ to electronic delivery for any of the documents listed above.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

I (We) do ☒ do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is: idoce@email.com. I (We) will notify the company of any new e-mail address.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In COLORADO, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT - Please read carefully - Signature(s) required below.

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
3. **I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.**
4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
7. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Name (Please print) John J. Doe		Owner Title (If owned by an entity)	
Owner's Signature John J. Doe	Date Signed (mm/dd/yyyy) 10/31/2008	State where signed USA	
Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed	
Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed	
Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed	

Producer/Representative Information - Please print

Producer/Representative's Full Name (First) Paul		(Middle) P	(Last) Producer	Phone No. (include area code) 111-111-1111	
Address (number and street) 123 Anystreet			City Anytown	State USA	ZIP (xxxx-xxxx) 11111-1111
E-Mail Address producer@email.com		Contact your home office for program information. (If none indicated, designated default will be used.) <input checked="" type="checkbox"/> Option A <input type="checkbox"/> Option B			
Broker/Dealer Name ABC Agency		Broker/Dealer Representative No. 123		Jackson Producer/Representative No. 1234	

Producer/Representative's Statement - Signature required below - This entire section must be completed for "Good Order"**Producer/Representative's Certification Regarding Sales Material**

Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts **and** answered "Yes" to **either** question 1 or 2 on the Notice Regarding Replacement (Form X0512) - state variations may apply).

I certify that: (check one)

- ☒ **I did not use** sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ **I used only** Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.

I certify that: I am authorized and qualified to discuss the contract herein applied for; I have fully explained the contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.

Producer/Representative's Signature <i>Paul P. Producer</i>	Date Signed (mm/dd/yyyy) 10/31/2008
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Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value
Not a deposit • Not insured by any federal agency

<i>SERFF Tracking Number:</i>	<i>JACK-125879671</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40768</i>
<i>Company Tracking Number:</i>	<i>VDA 210 04/09, ET AL</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Fixed and Variable Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Fixed and Variable Annuity Application/VDA 210 04/09, et al</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: JACK-125879671 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 40768
Company Tracking Number: VDA 210 04/09, ET AL
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Fixed and Variable Annuity Application
Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008

Comments:

Since these applications will only be used with variable contracts, which are regulated as a security by the Security and Exchange Commission, they are not subject to readability requirements.

Attachment:

AR Cert Notice.pdf

Review Status:

Satisfied -Name: Application 10/29/2008

Comments:

See Form Schedule Tab

Review Status:

Satisfied -Name: Statement of Variability 10/31/2008

Comments:

Attachment:

Statement of Variability (BASE).pdf

CONSENT TO SUBMIT RATES
AND/OR COST BASIS FOR APPROVAL

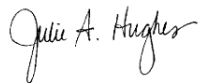
The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

- A) that all premium rates and/or cost basis both “maximum” and “current or projected,” used in relation to form numbers VDA 210 04/09, VDA 220 04/09, VDA 310 04/09 and VDA 410 04/09 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

- B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company

By : 

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: November 3, 2008

JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form Numbers: VDA 210 04/09, VDA 220 04/09, VDA 310 04/09, and VDA 410 04/09.

Page(s)	Bracketed (Variable)	Range of Variables
1 & 5	[Home Office: Lansing, Michigan www.jackson.com]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	[Perspective L Series (04/09)] [Perspective II (04/09)] [Retirement Latitudes (04/09)] [Perspective Advisors II (04/09)]	This is the current marketing name for this contract. The marketing name on the applications may change to correspond with any changes made to the marketing name of the contracts.
1	[(VA210)] [(VA220)] [(VA310)] [(VA410)]	This is the current underlying contract with which this application will be used. This form number could change to reflect a different approved contract.
1	Service Center Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1 & 5	Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
1-6	State Identification [Michigan]	[Michigan], [MI] or no state identification at all.
1-6	Control Number [V4673 04/09] Control Number [V4173 04/09] Control Number [V5673 04/09] Control Number [V4473 04/09]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
2	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
2	Transfer Information [Non-Qualified Plans Only <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange Qualified Plans Only <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
2 & 6	Notice Regarding Replacement form [X0512], or Position With Respect to the Acceptability of Replacement Materials [XADV5790]	These are the current form numbers for the administrative forms listed. In the future, if changed, this will reflect an updated administrative form number.
3	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
3	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
3	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
3	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
4	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not exceed 50.
4	Premium Allocation section. Investment Division names and numbers	These are the current Investment Divisions offered by the Company and their administrative numbers. In the future, if changed, the Investment Divisions offered by the Company and their administrative number will reflect Investment Division names that have been appropriately filed with the SEC.
4	Fixed Account Options names and numbers	These are the current Fixed Account Options offered by the Company and their administrative numbers. The Company may offer one Fixed Account Option or any combination of Fixed Account Options based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
5	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing

Page(s)	Bracketed (Variable)	Range of Variables
		options offered by the Company.
5	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [North Dakota and New Hampshire] and to "Yes" for residents of all other states.	These are the states that currently require the Company to default to No for authorization of telephone/electronic transfers. Any additional states will reflect a requirement made by that state.
5	Electronic Delivery of Statements/Correspondence [<input type="checkbox"/> quarterly statements <input type="checkbox"/> periodic and immediate confirmations <input type="checkbox"/> annual and semi-annual reports <input type="checkbox"/> prospectuses and prospectus supplements <input type="checkbox"/> proxy and other voting materials, related correspondence <input type="checkbox"/> other documents from Jackson National Life Insurance Company.]	These are the current documents offered via electronic by the Company. Any different information will reflect new statements or correspondence provided by the Company.
5	[www.adobe.com]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
6	Producer / Representative Information Commission Options [<input type="checkbox"/> Option A etc.]	These are the current commission options available to the Producer. The Company could add options or delete options.